



# Interpreter ACCESS Project

## Interpreter Application

Date: \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Native Language: \_\_\_\_\_

Second Language: \_\_\_\_\_ Proficiency:  Advanced  Fair

Third Language: \_\_\_\_\_ Proficiency:  Advanced  Fair

### Education

High School: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO

College: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

### Experience

#### Previous Interpreting Experience:

Paid  
Organization: \_\_\_\_\_  
Length of Time: \_\_\_\_\_  
Type:  Medical  Education  Court

Volunteer  
Organization: \_\_\_\_\_  
Length of Time: \_\_\_\_\_  
Type:  Medical  Education  Court

Family/Friends  
Length of Time: \_\_\_\_\_  
 No Experience

## Current & Previous Employment

Current Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact your supervisor for a reference?  Yes  
 No  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Previous Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact your supervisor for a reference?  Yes  
 No  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Previous Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact your supervisor for a reference?  Yes  
 No  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

## References

<u>Reference 1</u>	<u>Reference 2</u>	<u>Reference 3</u>
Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Phone: _____	Phone: _____	Phone: _____
Length of Time Known: _____	Length of Time Known: _____	Length of Time Known: _____

### Interpreter Training Completed

UNCG Foundations of Professional Interpretation in Health and Human Services

Certificate: \_\_\_\_\_ Date: \_\_\_\_\_

Other (Equivalent)

Certificate: \_\_\_\_\_ Date: \_\_\_\_\_

### Availability

Monday Times: \_\_\_\_\_  Friday Times: \_\_\_\_\_

Tuesday Times: \_\_\_\_\_  Saturday Times: \_\_\_\_\_

Wednesday Times: \_\_\_\_\_  Sunday Times: \_\_\_\_\_

Thursday Times: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_